City of Winooski
Vermont's Opportunity City

27 West Allen Street
Winooski, Vermont 05404
802 655 6410
winooskivt.gov

Report of Event Form

Employee Information	
First Name:	Last Name:
Social Security Number:	Date of Birth:
Date of Hire:	Hourly Rate of Pay:
Hours Per Day:	Days Per Week:

Event Information	
Date of Event:	Time of Event:
Time Shift Began:	Location:
Object, tool or equipment in use at time of event:	Safety equipment in use at time of event:
Describe what happened:	
Was there and injury? If so describe the injury:	
Did yo receive first aid? ___Yes ___ No What first aid did you receive:	
Did you seek medical treatment beyond first aid? ___Yes ___No If yes, where did you seek medical treatment:	
Did the medical provider give you any work restrictions? ___ Yes _____No Please attached the providers work restrictions to this form.	
Did you miss time from work after the day of the injury?	What was the first day missed:_____

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_____Yes _____No	
Have you returned to work? _____Yes _____No	What day did you return to work:_____

Employee Signature: _____ Date:_____

Supervisor Follow Up	
Did you review the event above with your employee? __yes __No Did you provide any training to the employee or department following the event? ____Yes ____No If Yes, please describe:	Was the safety equipment used and in good working order? ____Yes ____No ____ NA Does safety equipment need to be repaired or replaced? _____ Yes _____ No _____ NA Does the tool or equipment in use need to be repaired or replaced? _____ Yes _____ No _____ NA

Supervisor Signature: _____ Date:_____

Date Form Received:	Recordable Event? __Yes ____No	Date Reported: